

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services

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DEPARTMENT ON DISABILITY SERVICES	Policy Number: 6.2
Responsible Program or Office: Director-Office of Rights and Advocacy	Number of Pages: Five
Date of Approval by the Director: November 30, 2007	Number of Attachments:
Effective Date: November 30, 2007	Expiration Date, if Any:
Supersedes Policy Dated: Restricted Control Procedure/Behavior Support Policy	
Cross References and Related Policies: Psychotropic Medications; Affirmation, Promotion and Protection of Individual Rights and Freedoms; Office of Rights and Advocacy; Individual Support Plan; Positive Behavior Support; Incident Management; Human Rights Definitions.	
Subject: Restrictive Procedures	

1. PURPOSE

This purpose of this policy is to delineate Department on Disability Services (DDS) and provider responsibilities and establish guidelines, protocols and procedures to be followed when using or consideration is being given to using restrictive procedures on individuals who exhibit challenging behaviors and receive services from the DDS service delivery system.

2. APPLICABILITY

This policy applies to all DDS employees, community service providers, vendors, community representatives, government entities and individuals who provide support or services to individuals with developmental disabilities that are funded or arranged by DDS.

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Mentally Retarded Citizens constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

4. RESPONSIBILITY

The responsibility and implementation for this policy is vested in the Office of the Director, Department on Disability Services – Office of Rights and Advocacy.

5. POLICY

It is the policy of the Department on Disability Services (DDS) to assure that there are procedures and standards in place that provide staff who support individuals with disabilities with basic knowledge about the principles of positive behavior supports, strategies for the enhancement of functional skills, prevention of incidents of challenging behavior and safe procedures for restrictive intervention when an individual's behavior presents a danger to self or others. The main focus of this policy is prevention. The use of restrictive intervention is a last resort to terminate behavior that presents a danger to self or others and shall only be used as a behavior change technique if included in a Positive Behavior Support plan. All restrictive physical interventions shall have undergone intense scrutiny to provide an approach that balances the safety and rights of the individual exhibiting the behavior with the safety of others involved in the situation. The emergency use of restrictive controls shall trigger the development or at minimum, the consideration of the need for a behavior support plan focused on decreasing the challenging behavior prompting the restrictive control and increasing the development of self-control.

6. STANDARDS

In order to ensure safe and respectful services, positive outcomes, and compliance with all programmatic, legislative, statutory and court-mandated matters pertaining to the delivery of services to individuals receiving services as part of the DDS service delivery system, DDS has adopted the following standards:

- All DDS employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports to individuals with intellectual and other developmental disabilities shall do so in a manner that promotes and protects the dignity, respect, and rights of individuals, as outlined in DDS policies and licensing standards;
- All community provider agencies shall have and implement a written policy for restrictive procedures in accordance with this DDS Policy on Restrictive Procedures. The policy shall describe at a minimum:
 - The philosophy for use of restrictive interventions;
 - The procedures for use of restrictive interventions;
 - The emergency evacuation procedures for special circumstances occurring while an individual may have their movement restricted (e.g., fire, natural disaster) ; and
 - The method for individuals to express grievances regarding use of restrictive interventions.
- Restricted controls are to be used on a time-limited basis only.
- The following restrictive procedures are prohibited:

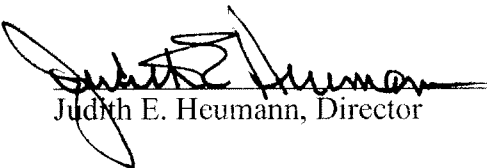
- Restraints in which the individual lies face down;
 - Restraints that have an individual lying on the ground or in a bed with a staff person on top of the individual;
 - Restraints that restrict breathing in any way;
 - Restraints that hyper-extend a joint;
 - Restraints that rely on pain for control; and/or
 - Restraints that rely on a take-down technique in which the individual is not supported and allows for free fall as they go to the floor or another surface.
- The use of mechanical restraints and protective equipment are permitted only to prevent severe self-injury or serious bodily harm to others and when no less restrictive methods for protecting the individuals have been shown to be effective.
- The use of a psychotropic medication without a formal assessment and diagnosis of a corresponding Axis I mental disorder shall be considered a chemical restraint and is expressly prohibited. Similarly, if a psychotropic medication is prescribed in response to a problematic behavior and it impairs the individual's ability to engage in their usual activities of daily living by causing disorientation, confusion or impairment of physical or mental functioning, it shall be considered to be a chemical restraint and is expressly prohibited.
- The following uses of psychotropic medications are expressly prohibited:
 - The PRN use of psychotropic medications;
 - The use of psychotropic medication for the convenience of staff;
 - The use of psychotropic medication as a substitute for other types of services and supports; and
 - The use of psychotropic medication without a BSP and review as a restrictive control, as per DDS policy.
- Other procedures that are expressly prohibited include:
 - Any procedure or action that is degrading, humiliating, harsh, or abusive;
 - Any form of corporal punishment;
 - Any aversive conditioning, including the contingent use of unpleasant substances to modify behavior; and/or
 - The use of seclusion or secured time-out rooms.
 - The use of mechanical restraints, except in cases to prevent severe self-injury or serious bodily harm to others and when no less restrictive methods for protecting the individuals have been shown to be effective.
 - The use of any form of restraint, as defined in this policy, which is not time-limited and which has not been reviewed and approved.
 - Deprivation of basic needs for comfort, hygiene, services, etc.
 - Deprivation of any needed health care or mental health services.
 - Deprivation of fluids or nutritionally balanced meals or snacks.
 - Deprivation of sleep or rest.
 - Restrictions on contacts with family, friends, advocates, etc.
 - The implementation of one individual's behavior program by another individual served by the community provider agency.

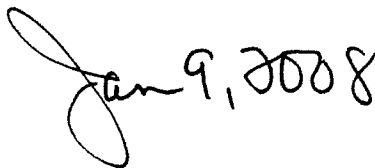
- The use of restrictive interventions is permitted on a time-limited basis for the following purposes:
 - When an individual's health or safety is at risk;
 - As a health related protection ordered by a physician, if absolutely necessary during the conduct of a specific medical or surgical procedure, or for the individual's protection during the time that a medical condition exists;
 - As a means to protect an individual or others from harm; or,
 - As a means of preventing the destruction of property, after less intrusive attempts to safeguard people and property have failed, or if there is no time to attempt less intrusive methods.
- If an approved restraint is included in an individual's BSP, only staff that have been trained in a crisis intervention curriculum approved by DDS may use a physical restraint and may only do so as specified in the curriculum. Further, staff shall document each use of physical restraint in an individual's record and the reason for its use. Annual training in crisis prevention and restrictive procedures is required of all staff who deliver direct support services, including program supervisors, managers, coordinators and/or QMRPs
- Restrictive controls shall not be used in an unplanned or arbitrary manner, as punishment, for staff convenience, as a substitute for services, or for a longer period of time than is necessary to ensure that there is no longer a threat of harm to persons or property.

7. PROCEDURES

- Mechanical restraint must be authorized in writing by a licensed health care practitioner who specifies the duration for its use, the circumstances under which the restraint is authorized and the frequency for staff monitoring of the individual who is being restrained.
- The prescription and administration of psychotropic medication on a time limited, emergency basis must comply with the following standards:
 - Psychotropic medication may be prescribed to prevent the immediate deterioration of a person's mental status when a person manifests severe psychiatric symptoms, and when prescribed by a licensed physician. Prescription of psychotropic medication under these circumstances is considered a Serious Reportable Incident and an incident report must be filed with DDS.
 - In the event that a non-psychiatrist prescribes psychotropic medication to prevent the immediate deterioration of the person's mental status, a board eligible or board-certified psychiatrist must conduct an assessment of the individual within 30 days. Psychotropic medication may be continued only when the person has an Axis I diagnosis of a mental disorder, and the psychiatrist's assessment concurs with the need for psychotropic medication.
 - All medication changes must be noted in the Health Passport by the RN or MS to assure continuity of care.

- The emergency use of restricted controls shall always be considered a Serious Reportable Incident (SRI) that must be documented, reviewed, and reported as required in the DDS Incident Management policy.
- The use of emergency restraints shall prompt the DDS Service Coordinator to convene a team meeting. The three instances of restraint within a six month period shall result in consideration of the need to develop a BSP to address the challenging behavior necessitating the use of restrictive interventions.
- All recommended and implemented restrictive procedures shall be reviewed and approved by an agency Behavior Support Committee and Human Rights Committee and DDS's Restrictive Control Review Committee, as per the Human Rights Review policy.
- The DDS Office of Rights and Advocacy shall compile information about the use of behavior supports throughout the DDS system and share the results internally and in the form of an annual report with community provider agencies, advocates, family members and other interested parties. DDS shall use the information to study and report on patterns and trends in the use of behavior supports, including strategies for addressing problems identified.
- The Restrictive Control Review Committee (RCRC) has been established by DDS to serve as an advisory committee made up of persons knowledgeable about behavior support and representatives of groups that have expressed an interest in the application of behavior support as specified in this policy. The RCRC shall advise DDS in the following matters:
 - Trends and patterns in restrictive interventions reported to DDS;
 - Technical assistance and training needs throughout DDA and its service providers;
 - Restrictive intervention issues raised by or referred to divisions or units of DDS or its providers;
 - Plans for improving the quality of behavior support throughout DDA and its service providers; and
 - Any other pertinent issues related to implementation of this policy.


Judith E. Heumann, Director


Jan 9, 2008